

# Private Health Information Statement - Hospital policy

## GMF Mid Silver Plus

### HBF Health Limited

http://hbf.com.au  
memberservices@hbf.com.au  
133 423

### Monthly Premium

**\$374.65 #**

(before any rebate, loading or discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)

Available in Western Australia  
Closed to new members

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

This policy covers children and other dependants up to and including the age of 20, students up to and including the age of 30, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

## Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and accommodation (outside of hospital).

### ✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

### R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

### ✗ Not Covered

These categories are not covered by this policy.

## This policy ✓ includes cover for

✓ Assisted reproductive services	✓ Gastrointestinal endoscopy	✓ Pain management with device
✓ Back, neck and spine	✓ Gynaecology	✓ Palliative care
✓ Blood	✓ Heart and vascular system	✓ Plastic and reconstructive surgery (medically necessary)
✓ Bone, joint and muscle	✓ Hernia and appendix	✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✓ Brain and nervous system	✓ Implantation of hearing devices	✓ Pregnancy and birth
✓ Breast surgery (medically necessary)	✓ Insulin pumps	✓ Rehabilitation
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Joint reconstructions	✓ Skin
✓ Dental surgery	✓ Kidney and bladder	✓ Sleep studies
✓ Diabetes management (excluding insulin pumps)	✓ Lung and chest	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Male reproductive system	R Hospital psychiatric services
✓ Ear, nose and throat	✓ Miscarriage and termination of pregnancy	
✓ Eye (not cataracts)	✓ Pain management	

## This policy ✗ does not include cover for

✗ Cataracts	✗ Joint replacements
-------------	----------------------

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on [privatehealth.gov.au](https://privatehealth.gov.au) for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

[The following payments may also apply for hospital admissions](#)

**Excess:** No excess

**Co-payments:** No co-payments

[The following waiting periods for hospital admissions apply to new or upgrading members](#)

**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

### Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

### Other features of this hospital cover

For agreed services, you are fully covered for accommodation in a private room in an HBF Member Plus hospital or a private room in a public hospital.

## Ambulance cover

In Western Australia this policy provides:

**Emergency:** Unlimited with a waiting period of 1 day.

**Non-emergency:** Unlimited transport with a waiting period of 1 day.

**Call-out fees:** will be paid for each attendance, including emergency treatment without transport to hospital.

### Other features of this ambulance cover

Fully covered for emergency treatment and urgent transport (by road) and for non-emergency treatment or ambulance transport (by road) per person per calendar year within Australia by a State Government ambulance provider or an HBF approved ambulance provider. Services not covered include air ambulance services and transport not provided in an ambulance.

[For further information about this policy see](#)

<http://www.hbf.com.au/health-insurance/ambulance-cover.html>

### Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.